

TRAVEL EXPENSE CLAIM

STD 262 (REV 6/93) (DHS Electronic)

See Instructions and *Privacy
Statement On Reverse SidePage 1 of

CLAIMANT'S NAME

John C. Duncan

SSAN OR EMPLOYEE NUMBER*

DEPARTMENT

Industrial Relations

POSITION

400-102-9472-001

CB/D NUMBER

DIVISION OR BUREAU

Director's Office

INDEX NUMBER

RESIDENCE ADDRESS

HEADQUARTERS ADDRESS

455 Golden Gate Avenue, 10th Fl.

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

CITY

CA

San Francisco,

CA

94102

(1) MONTH/YEAR

6 2010

(3)

(4)

(5) MEALS

(6)

(7) TRANSPORTATION

(8)

(9)

(2) DATE

TIME

LOCATION

LODGING

BREAK-FAST

LUNCH

O.T., LT, N/C, RELO. OR DINNER

INCIDENTALS

(A) COST OF TRANS

(B) TYPE USED

(C) CARFARE TOLLS PARKING

(D) PRIVATE CAR USE

BUSINESS EXPENSE

TOTAL EXPENSES FOR DAY

DATE

TIME

WHERE EXPENSES WERE INCURRED

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